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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 15 PM 1:20

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AND  
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1/26

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pure Wave Promotions, L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Duncan McGillivray

Name of Person

Firm/Company

13503 Cambridge Lane

Address

Naples, FL 34109

City/State and Zip Code

duncanmcg@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

|                    |           |                          |
|--------------------|-----------|--------------------------|
| Duncan McGillivray | 602       | 400-3002                 |
| Name of Person     | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

|                     |  |  |  |
|---------------------|--|--|--|
| \$125.00 Filing Fee | \$130.00 Filing Fee &<br>Certificate of Status | \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------|--|--|--|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pure Wave Promotions, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

13503 Cambridge lane  
Naples, FL 34109

**Mailing Address:**

13503 Cambridge Lane  
Naples, FL 34109

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Duncan McGillivray

Name

13503 Cambridge Lane

Florida street address (P.O. Box **NOT** acceptable)

Naples

Florida

34109

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Duncan McGillivray  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Co-MGR

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Duncan McGillivray

13503 Cambridge Lane

Naples, FL 34109

Co-MGR

Kenny Anderson

365 Sites Way

Big Bear, CA 92314

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 10, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

The Co-Managers have agreed on the following: 1) to share any company cash flow available for distribution 50%/50%  
2) not to commit the company to any liabilities or enter into any third party contracts without written agreement to do so  
from BOTH Co-Managers; for convenience such written agreements may be in the form of emails to each other

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Duncan McGillivray

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)